STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155384	A. BUILDING _____ B. WING _____	C 06/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-LINCOLN HILLS	402 19TH ST TELL CITY, IN 47586

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaint IN00194919, Complaint IN00196841, and Complaint IN00196848.

Complaint IN00194919 - Unsubstantiated, due to lack of evidence.

Complaint IN00196841 - Unsubstantiated, due to lack of evidence.

Complaint IN00196848 - Unsubstantiated, due to lack of evidence.

Survey date:
June 14, 2016

Facility number: 000411
Provider number: 155384
AIM number: 100275100

Census bed type:
SNF/NF: 74
Total: 74

Census payor type:
Medicare: 3
Medicaid: 56
Other: 15
Total: 74

Sample: 5

Golden Living Center - Lincoln Hills was found to be in compliance with 42 CFR Part 483 Subpart B, and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00194919, Complaint IN00196841, and Complaint

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155384	A. BUILDING _____ B. WING _____	C 06/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIVING CENTER-LINCOLN HILLS	**402 19TH ST TELL CITY, IN 47586**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 IN00196848. QR was completed by 99993 on 06/15/16.	F 000		